

Name: _____

First Middle Last

Business Phone: _____ Other phone: _____
E-mail: _____

Undergraduate: _____ Degree _____ Date _____

() Foreign Language Proficiency _____

() Accounting _____

() DNA or forensic training _____

() Mental health training / experience _____

() Chemical dependency training / experience _____

() Law enforcement training / experience _____

() Cultural sensitivity training _____

() Other _____

Please let us know if you have a special interest or experience in particular areas of the law or types of cases:

- () Death Penalty _____
- () Homicide _____
- () Crimes of Violence _____
- () Sexual Assaults _____
- () Drug cases _____
- () Property Crimes _____
- () Theft Crimes _____
- () Juvenile Delinquency _____
- () Appellate / PCR _____
- () Mental health law _____
- () Dependency & Neglect _____
- () Guardianships / Conservatorships _____
- () Other _____

YOUR CURRENT PROFESSIONAL LIABILITY INSURANCE CARRIER:

CONFLICT OF INTEREST DETERMINATION:

Please indicate the type of case tracking system you employ to monitor potential conflicts of interest AND indicate whether you can provide that data to the Office of the State Public Defender.

CITIES AND/OR COUNTIES IN WHICH YOU ARE WILLING TO WORK:

REFERENCES:

You may call the following people familiar with my investigative skills call for a reference:

<u>Name</u>	<u>Phone Number</u>
1. _____	_____
2. _____	_____
3. _____	_____

SELF CERTIFICATION: (Please check ones that are applicable.)

- () I believe that I have the experience, education, and training to effectively handle any criminal case to which I am appointed, including complex prosecutions.
- () I believe I have the experience, education, and training to effectively handle any “routine” felony criminal case under the Montana Criminal Code.
- () I believe I have the experience, education, and training to effectively handle criminal misdemeanor cases.
- () Other (please specify) _____

Signature

Date

Please send this completed form to:

Mori Woods, Criminal Investigator Supervisor
Office of the State Public Defender
44 W. Park
Butte, MT 59701
Telephone: (406) 496-6080
Fax: (406) 496-6098
Or e-mail to: MoriWoods@mt.gov